200

9 ELECTION CYCLE S-ME	SECRETARY OF STATE
Candio	late
Annual Report of Receipt	
2009	
Candidate's Name Ked. Edward Dig	ickmon.jr.
2011 Gode West St	Contro US 391746 20 2010
Full Address	1 CON 1 1 1 1 2 3 2010
Telephone 00 - 659. 50 Fax 00	Secretary of State
Contact Name Email	Oup. of a
Office Sought State Kell Coll National Pa	Democratic
The state of the s	N DOTTIVE COLOR
Check here If above is different from previous report	OF PEROPE
ITPE	OF REPORT
January 29 2010 Annual Report (January 1 2009 th	arough December 31, 2009)All Candidates and
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Political Committees
Termination Report (Candidate will no longer accept co	ntributions or make campaign Required to terminate reporting
expenditures and has no outstandi	- abiliantiana
(1) Pre-Election reports are mandatory, even if no contribution	RTANT s or expenditures have occurred. In such case, the candidate
	of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and pe Ann. § 23-15-807 (b) (ii) and (iii).	riodic reports must still be filed in accordance with Miss. Code
(3) The receiving authority must be in actual receipt of the req	
falls on a weekend or a holiday, the office must be in actual day before the deadline. Faxed reports are acceptable.	I receipt of the required reports by 5:00 p.m. on the first working
REPORTED CONTRIBL	TIONS AND DISBURSEMENTS
Itemized + Non-itemized	= This Period Calendar Year-To-Date
Total amount of contributions \$2,400 9 \$ 9,60	7.00 : 12,037.00 : 12,037.00
Total amount of disbursements \$7,200.10 \$	\$ 7,200,00 : 7,300,00
Total amount of cash on hand	\$4,837.00
I certify that have examined his record and to the best of	my knowledge and belief it is true, accurate, and complete.
Edward Blackwork.	1/29/2010
Signature of Candidate	Date /

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1.Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee	Kep.	Edward	blackmin, Jr.	
Reporting period	, 2009	through	Dec. 31, 2009	

ITEMIZED DISBURSEMENTS

Friends of Kenneth W. Jones	Date (Mo., Day, Year)	Amount of each disbursement this period
Canton MS	4,2309	*300.00
City, State, Zip Cdde		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	300.00
Impain to Elect Marshard Chie	Date (Mo., Day, Year)	Amount of each disbursement this period
Jackson, MS	5,15,09	\$1,000.00
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
M.C. Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Waiting Address M.S	5,1809	\$ 500.00
City, State, Zip Gode	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$500.00
D. Full name	2000	
Campaian to Elect Chokwe Lumus	(Mo., Day, Year)	Amount of each disbursement this period
Meiling Address	Mo., Day, Year) 5/19/09	
Melling Address J. M.S	(Mo., Day, Year)	disbursement this period
Melling Address J. M.S	(Mo., Day, Year)	\$ 250.00
Purpose of Disbursement (Optional)	(Mo., Day, Year) 5/19/09// Aggregate	s 250.00 Amount of each
Melling Address College	MOQ (Mo., Day, Year) 5/19/09 -/-/ Aggregate Year-to-date Date	s 250.00 Amount of each
Meiling Address City, State, Zip Code Purpose of Disbursement (Optional) E. Eullyname L. Ward Black Mon. Mailing Address City, State, Zip Code	MOQ (Mo., Day, Year) 5/9/09 Aggregate Year-to-date (Mo., Day, Year) 5/30/09	s 250.00 Amount of each disbursement this period
Melling Address City, State, Zip Code Purpose of Disbursement (Optional) E. Eullyname L. Ward Black Mon. Mailing Address City, State, Zip Code	MOQ (Mo., Day, Year) 5/9/09 Aggregate Year-to-date (Mo., Day, Year) 5/30/09	s 250.00 Amount of each disbursement this period S 200.00
Purpose of Disbursement (Optional) E Eullyname City, State, Zip Code Purpose of Disbursement (Optional) City, State, Zip Code Purpose of Disbursement (Optional) F Eullyname CANAR BLACKMEN, TV.	MOQ (Mo., Day, Year) 5/9/09 Aggregate Year-to-date (Mo., Day, Year) 5/30/09	s 250.00 Amount of each disbursement this period 200.00 Amount of each disbursement this period Amount of each disbursement this period Amount of each
Purpose of Disbursement (Optional) E Eullyname City, State, Zip Code Purpose of Disbursement (Optional) City, State, Zip Code Purpose of Disbursement (Optional) Gity, State, Zip Code Purpose of Disbursement (Optional) F Eullyname Blackman, Tr. Raylling Address Mulling Address	MO (Mo., Day, Year) 5/19/09 -/_/ Aggregate Year-to-date (Mo., Day, Year) 5/30/09 Aggregate Year-to-date Date Aggregate Year-to-date	s 250.00 Amount of each disbursement this period 200.00 Amount of each disbursement this period Amount of each disbursement this period Amount of each
Purpose of Disbursement (Optional) E. Eullyname E. Ward Blackmon, T. Aprilling Address City, State, Zip Code Purpose of Disbursement (Optional) F. Eullyname City, State, Zip Code Purpose of Disbursement (Optional) E. Eullyname F.	(Mo., Day, Year) 5/19/09 Aggregate Year-to-date (Mo., Day, Year) 5/30/09 Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date (Mo., Day, Year)	s 250.00 Amount of each disbursement this period \$ 200.00

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Name of Candidate or Commit	tee Kep. Low and	placemon, ur.	_
Reporting period	1, 2009 throug	n Dee. 31, 2009	

ITEMIZED DISBURSEMENTS

Callaway Boys Basketball	Team	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailting Address JOCKSON, M.S	100,171	3/12/09	s 200.00
City, State, Zip Code			s
Perpose of Disbursement (Optional) CONTO DULTION		Aggregate Year-to-date	5 200.00
Lawrence Goodyin		Date (Mo., Day, Year)	Amount of each disbursement this period
Canton, MS		3,17,09	\$ 700.00
City, State, Zip Code		_'_'_	S
Comunity Service		Aggregate Year-to-date	5 700.DO
Sanessa blackman		Date (Mo., Day, Year)	Amount of each disbursement this period
Manying Address (anton, MS		_'_'_	\$ 700.00
City, State, Zip Code 1		_'_'_	s
Suppose of Disbursement (Optional)		Aggregate Year-to-date	\$700.00
Lampai an to Elect Jackie	Nomis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address TO (VSOV), MS		4.3.09	\$ 500.00
City, State, Zip Code		_/_/_	S
Pompose of Disbursement (Optional)	7	Aggregate Year-to-date	\$500.00
Full name Willium S		Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address MS		3,21,09	5 600.00
City, State, Zip Code		_/_/_	S
Purpose of Disburserpent (Optional)		Aggregate Year-to-date	\$ 600.00
M.C. Williams		Date (Mo., Day, Year)	Amount of each disbursement this period
Apilling Address MS		5,2,09	\$ 500.00
CHARLES THE CONTRACT OF THE CO		- 20 70	s
Olty, State, Zip Code 90 pose of Disbursement (Optional)		//	

•	1927	1.	4	10	
	Rep.	Edward	Blackmon, or.	_ o1	
Name of Candidate or Committee Reporting period	1,2000		Dec. 31, 2009	-	

ITEMIZED DISBURSEMENTS

M.C. Williamo	Date (Mo., Day, Year)	Amount of each disbursement this period
Carton, MS	8,29,09	\$ 750.80
City, State, Zip Code		S
Burpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00 L
Committee to Elect Thurbert B	AKEV (Mo., Date	Amount of each disbursement this period
Hailing Address 7390	12,8,09	500.00
AHAMTA, GA 30357	_'-'-	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$500.00
C:Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'	S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

	D 5	of 6
Name of Candidate or Committee Rep. Edward black	YM (IC.	- 01
Reporting period Jan. 1, 2009 through Del. 1, 20	09 101	
ITEMIZED RECEIP	TS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Anneuser Busch Companies, Inc.	5,13,09	\$ 500.00
One Busch Place	_'_'_	S
St. Louis, Missoun	11	5
Name of Employer (Reduired)		5
Occupation (Required)	Aggregate year-to-date	\$500.00
B. Source: Corporation AAC Individual Loan Cther (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
AT + T Mississinoi	9,18,09	\$ 200. DD
Malling Address Capito Street Str. 702	_1_1_	\$
City State, Zip Code MS 39201-2135		s
Name of Employer (Required)	1_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$200.00
C. Source: D'Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Entertainment Software Assoc.	9,21,09	\$500.00
St., NW, Ste. 300		S
Nathinaton, DC 2004	tt	\$
Name of Employer Required?		\$
Occupation (Required)	Aggregate year-to-date	500.00 ~
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Derrour	10,2,19	\$500.50
5100 Tennyson Parkway, Ste. 1200		s
Plano Pexas 75024		\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$500.00

Name of Candidate of Committee Rep. Edward Bl	acknowitt.	of
Reporting period Jan 1,2009 through DCC . ITEMIZED REC	FIPTS	
A. Source: Corporation PPAC Individual Loan		Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Clean Environment + Fair Taxation	KEAHT 14 7,09	\$ 200.00
2000-15 Nogn State Street	_'_'_	\$
Jack 600, MS 39216		\$
Name of Employer (Réquired)		\$
Occupation (Required)	Aggregate year-to-date	\$ 200.000
B. Source: Scorporation	Date (Mo., Day, Year)	Amount of each receipt this period
PHRMA	12,17,09	\$500 80
Mailing Address Street		\$
POTON RAUGE, 1A 70802		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	500.00 V
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1 1	\$
Mailing Address		\$
City, State, Zip Code	1	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	5
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		5
Mailing Address		s
City, State, Zip Code		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$